EXHIBIT "20"
Expert Report of Dr. Peter McCullough

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Joseph S. Auteri, M.D. Plaintiff; v. VIA *Affiliates, d/b/a Doylestown Health Physicians*, Inc., Defendant.	Civil No. 22-CV-03384

EXPERT REPORT OF DR. PETER A. MCCULLOUGH, MD, MPH

I. INTRODUCTION, QUALIFICATIONS, AND PRIOR TESTIMONY.

A. Introduction.

I have contributed extensively to public policy making on issues surrounding the COVID-19 crisis through a series of OPED's for *The Hill* in 2020.[1] I have had numerous public political appearances addressing pandemic issues listed on CSPAN.[2] Since 2021, I have been publishing a weekly contribution on *America Out Loud, The McCullough Report.*[3] Since 2022, I have daily postings with graphical abstracts, interviews, and reports on *Courageous Discourse Substack.*[4]

My expertise on the SARS-CoV-2 infection and COVID-19 syndrome also includes the review of hundreds of manuscripts and the care of many patients with acute COVID-19 illness, post-acute sequelae after SARS-CoV-2 infection, long-COVID, and COVID-19 vaccine injury including cardiovascular, thrombotic, neurologic, autoimmune and neoplastic syndromes that have arisen after mRNA, adenoviral DNA, and antigen-based vaccines. I have formed my opinions in close communications with many clinicians around the world based in part on our collective clinical experience throughout the pandemic.

I am currently in independent practice where I see and examine patients on a daily basis with acute COVID-19, long-COVID syndrome, and COVID-19 vaccine injuries and disabilities.[5] I am President of the McCullough Foundation, a not-for-profit organization dedicated to investigative scholarship, educational media, justice, and public policy.[6] Finally, I am the part-time Chief Scientific Officer of the Wellness Company.[7]

A true and correct copy of my Curriculum Vitae is attached hereto as EXHIBIT A and incorporated herein.

B. Qualifications.

Pursuant to Fed. R. Civ. P. 26(a)(2)(B)(iv), I hereby provide my qualifications as an expert in the matters presented herein.[8] After receiving a bachelor's degree from Baylor University, I completed my medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School in Dallas. I went on to complete my internal medicine residency at the University of Washington in Seattle, a cardiology fellowship including service as Chief Fellow at William Beaumont Hospital, and a master's degree in public health in the field of epidemiology at the University of Michigan. I am board certified by the National Board of American Physicians and Surgeons in internal medicine and cardiovascular diseases.[9] I am an active scholar in medicine with roles as an author, editor-in-chief, editorialist, and reviewer of dozens of major medical journals and textbooks. I have led clinical, education, research, and program operations at major academic centers (Henry Ford Hospital, Oakland University William Beaumont School of Medicine) as well as academically oriented community health systems.[10] I spearheaded the clinical development of in vitro natriuretic peptide and neutrophil gelatinase associated lipocalin assays in diagnosis, prognosis, and management of heart and kidney disease now used worldwide. I also led the first clinical study demonstrating the relationship between severity of acute kidney injury and

mortality after myocardial infarction.[11] I have contributed to the understanding of the epidemiology of chronic heart and kidney disease through many manuscripts in the Kidney Early Evaluation Program Annual Data Report published in the American Journal of Kidney Disease, and participated in clinical trial design and execution in cardiorenal applications of acute kidney injury, hypertension, acute coronary syndromes, heart failure, and chronic cardiorenal syndromes.[12] I participated in event adjudication (involving attribution of cause of death) in trials of acute coronary syndromes, chronic kidney disease, heart failure, and data safety and monitoring of antidiabetic agents, renal therapeutics, hematology products, and gastrointestinal treatments. I have served as the chairman or as a member of over 20 randomized trials of drugs, devices, and clinical strategies. Sponsors of these trials have included pharmaceutical manufacturers, biotechnology companies, and the National Institutes of Health.

I frequently lecture and advise on internal medicine, nephrology, and cardiology to leading institutions worldwide. I am recognized by my peers for my work on the role of chronic kidney disease as a cardiovascular risk state. I have over 1,000 related scientific publications, including the "Interface between Renal Disease and Cardiovascular Illness" in *Braunwald's Heart Disease Textbook*.[13] My works have appeared in the *New England Journal of Medicine*,[14] *Journal of the American Medical Association*,[15] and other top-tier journals worldwide. I have testified before the U.S. Food and Drug Administration Cardiorenal Advisory Panel and its U.S. Congressional Oversight Committee in 2007. I have been a Fellow of the American Heart Association, the American College of Physicians, the American College of Chest Physicians, the National Lipid Association, the Cardiorenal Society of America, and the National Kidney Foundation; and I am also a Diplomate of the American Board of Clinical Lipidology. In 2013, I was honored with the International Vicenza Award for Critical Care Nephrology for my contribution and dedication to

the emerging problem of cardiorenal syndromes.[16] I am a founding member and former President of Cardiorenal Society of America, an organization that brought together cardiologists and nephrologists to engage in research, improved quality of care, and community outreach to patients with both heart and kidney disease.[17] I am the current Editor-in-Chief of *International Journal of Cardiovascular Research & Innovation*[18] and the Clinical Section Editor of *Science, Public Health Policy and the Law*.[19]

Since the outset of the pandemic, I have been a leader in the medical response to the COVID-19 disaster and have published "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection," the first synthesis of sequenced multidrug treatment of ambulatory patients infected with SARS-CoV-2 in the *American Journal of Medicine*[20] and updated in *Reviews in Cardiovascular Medicine*.[21] Subsequently I published the first detoxification approach titled "Clinical Rationale for SARS-CoV-2 Base Spike Protein Detoxification in Post COVID-19 and Vaccine Injury Syndromes" in the *Journal of American Physicians and Surgeons*[22] and updated in the *Cureus Journal of Biomedical Science in 2024*.[23] I have over 100 peer-reviewed publications, abstracts, letters, and preprints concerning COVID-19 infection and vaccine safety cited in the National Library of Medicine, Google Scholar, and other indexes.

C. Prior Testimony.

My government sworn testimony on the COVID-19 pandemic is summarized below.

Testimony for Government

1. US Senate Homeland Security and Governmental Affairs, lead witness, Early Outpatient Treatment of COVID-19: An Essential Part of a COVID-19 Solution, Majority Chairman, Sen Ron Johnson (R-WI), Minority Chair Gary Peters, (D-MI)
2. US Senate Panel, co-moderator with Sen Ron Johnson (R-WI), COVID-19: A Second Opinion January 24, 2022

3. US Senate Panel, co-moderator with Sen Ron Johnson (R-WI), Sen Roger Marshall (R-KS), COVID-19 Vaccines: What they Are, How They Work, and Possible Causes of Injuries, December 7, 2022
4. Texas Senate Committee on Health and Human Services on March 10, 2021, June 28, 2022, COVID-19 Pandemic Response, Treatment, Vaccines
5. Colorado General Assembly, Early Therapeutics for COVID-19, March 31, 2021
6. New Hampshire Senate, legislation concerning COVID-19 vaccines, April 14, 2021.
7. Pennsylvania State Senate, Medical Freedom Panel under the Senate Veterans Affairs and Emergency Preparedness Committee, March 1, 2022, June 9, 2023.
8. South Carolina Health and Human Services Committee, Medical Affairs Select Subcommittee, September 22, 2021
9. Novel Coronavirus Southwestern Intergovernmental Committee, Arizona House of Representatives and Senate, May 25, 2023, October 20, 2023, March 15, 2024
10. European Parliament Expert Hearing on Health and Democracy under WHO's Proposed New Rules, Benefits and Risks to Civil Society, EU Parliament Strasbourg, MEP Christine Anderson, Chair, September 13, 2023
11. Brazil's Chamber of Deputies, National Congress of Brazil. Recommendation Against Childhood COVID-19 Vaccination. Brazil, November 21, 2023.
12. United States House of Representatives, COVID-19 Vaccine Injury Panel, Chair Representative Majorie Taylor Greene R-GA, January 12, 2024

Pursuant to Fed. R. Civ. P. 26(a)(2)(B)(v), in the last several years, and in addition to the numerous times I have provided expert testimony to state legislatures and the committees of the United States Congress, I have provided expert testimony multiple districts and federal courts as indicated in appendices.

D. Compensation.

Pursuant to Fed. R. Civ. P. 26(a)(2)(B)(vi), I am being compensated $750 per hour for my time as an expert in this case.

E. Materials Reviewed.

In support of the opinions in this report, in addition to the many medical and scientific materials cited above, I have reviewed the following materials specific to Dr. Auteri's case:

1. Second Amended Complaint and all Exhibits thereto, including the

Exemption Requests, Second Exemption Request, and resulting denials.

2. Doylestown Health's COVID-19 Vaccine Mandate.

3. Doylestown Health's COVID-19 Vaccines "FAQ's."

4. Email dated August 15, 2021 from Doylestown Health Chief Medical Officer Scott Levy, M.D. admitting that vaccinated persons can transmit "live" COVID-19 virus. (Document P265).

5. Emails from Dr. Levy dated January 7, 2022 (Documents P-247-248) and January 26, 2022 (Documents P302-303) permitting COVID-19 infected employees to return to work WITHOUT TESTING provided that symptoms were improved.

6. Transcripts of depositions of James Brexler, Scott Levy, and Barbara Hebel.

II. EXPERT OPINIONS AND THE BASES FOR SUCH OPINIONS.

A. Introductory Opinions.

1. I believe within a reasonable degree of medical certainty that the COVID-19 vaccine(s) offered at the time of Dr. Auteri's termination in November 2021 are gene therapy products which have the ability to alter an individual's human genome, and Dr. Auteri's expressed religious concern about those vaccines was supported by the data available at that time.

2. I believe within a reasonable degree of medical certainty that Dr. Auteri presented no increased safety risk to Defendant Doylestown Health's[1] patients or staff and that Dr. Auteri's proposed reasonable accommodation of weekly testing and daily health screenings provided better safety protection to patients and staff than Doylestown Health's reliance upon the COVID-19 vaccines, which Doylestown Health knew did not stop COVID-19 transmission. Dr. Auteri's proposed accommodation presented no undue burden but offered patients "real time" assurances that Dr. Auteri was not infected with the COVID-19 virus. By contrast, Doylestown Health knew

[1] Defendant VIA Affiliates, d/b/a Doylestown Health Physicians, Inc. is referred to in this report as "Doylestown Health."

vaccinated staff members could transmit the COVID-19 virus but was not testing vaccinated staff members unless those members showed significant symptoms. The Centers for Disease Control (**"CDC"**) reported that the COVID-19 vaccines reduced the severity of illness in infected persons, and Doylestown Health's vaccinated staff members likely were spreading the COVID-19 virus to patients and staff because those staff members were infectious and not being tested absent significant symptoms. Doylestown Health's reliance on the COVID-19 vaccines to protect patient safety was knowingly deficient and not justified by the data available from the Summer of 2021 through the time of Dr. Auteri's termination in November 2021.

The basis for each of the above opinions is discussed in detail below.

B. Foundational Bases for Expert Opinions.

1. Opinion as to COVID-19 Vaccines as Gene Therapy Products.

The Pfizer, Moderna, and Johnson & Johnson (Janssen) vaccines are considered "genetic vaccines," or vaccines produced from gene therapy molecular platforms which, according to US FDA regulatory guidance, are classified as gene delivery therapies and should be under a 15-year regulatory cycle with annual visits for safety evaluation by the research sponsors. Food and Drug Administration, *Long Term Follow-up After Administration of Human Gene Therapy Products. Guidance for Industry*.[24] The FDA has "advised sponsors to observe subjects for delayed adverse eventsfor as long as 15 years following exposure to the investigational gene therapy product, specifying that the long-term follow-up observation should include a minimum of five years of annual examinations, followed by ten years of annual queries of study subjects, either in person or by questionnaire." Before Novavax was introduced[2], the available Emergency Use

[2] The Novavax COVID-19 vaccine booster was not available in the timeframe of August through November 2021. Novavax was not granted Emergency Use Authorization until October 2022 and then only as a booster after a primary course of COVID-19 vaccination. Novavax operated in a different manner more akin to "traditional" vaccines but was not available prior to Dr. Auteri's termination.

Authorized vaccines (Pfizer, Moderna, Janssen) were in essence genetic biotechnology products which have been shown to alter the human genome through reverse transcription.[25]

Additionally, the Pfizer and Moderna vaccines have been shown to be contaminated with SV-40 DNA fragments which are known to readily integrate into the human genome without the need for reverse transcription.[26] [27] Thus, the administration of the Moderna, Pfizer, and Janssen vaccines should not be undertaken without the proper consent and arrangements for long-term follow-up which are currently not offered in the US. (*See*, EUA briefing documents for commitments as to follow up: Moderna, Pfizer, Janssen). These novel, genetic vaccines have a dangerous mechanism of action[28] in that they all cause the body to make an uncontrolled quantity of the pathogenic and potentially lethal SARS-CoV-2 spike protein and unwanted frameshifted proteins for at least six months (and probably a longer period, based on the late emergence of vaccine injury reports).[29] [30] [31] This is unlike all other vaccines where there is a set amount of antigen or killed- or live-attenuated virus particles. This means that, for Pfizer, Moderna, and Janssen vaccines, it is not predictable among patients who will produce more or less of the potentially lethal spike protein.[32] Additionally, Pfizer and Moderna mRNA products are expected to have misreading of the mRNA message and produce a dozen or more unwanted frameshifted peptides.[33] The Pfizer, Moderna, and Janssen vaccines, because they are different, are expected to produce different libraries of limited antibodies to the now extinct wild-type spike protein and prior extinct variants with boosters. It is known that the spike protein produced by the vaccines is obsolete (and was obsolete as of April 2022) because the 17th UK Technical Report on SARS-CoV-2 Variants, issued on June 25, 2021, and the CDC Variant Report issued on June 19, 2021, both indicated that the SARS-CoV-2 wild type virus to which all the vaccines

were originally developed was extinct.[34]

The mechanism of action for the Pfizer, Moderna, and Johnson & Johnson (Janssen) "genetic vaccines" has been shown to alter the human genome through reverse transcription and gives pause to many religious objectors who oppose the alteration of their genetic profile as designed by God.

2. Opinion that COVID-19 Vaccine Alone Does Not Promote Patient Safety.

On August 5, 2021, Dr. Rochelle Walensky, head of the CDC announced that the vaccinated can contract and carry the SARS-CoV-2 virus and spread COVID-19 infection to fellow vaccinated individuals.[35] Multiple studies indicated fully vaccinated individuals were carrying large viral loads of SARS-CoV-2 in the nasopharynx and fully capable of spreading the virus to vaccinated or unvaccinated contacts.[36] [37] [38] [39] [40] [41] Salvatore and coworkers stated in their paper published November 19, 2021: "Clinicians and public health practitioners should consider vaccinated persons who become infected with SARS-CoV-2 to be no less infectious than unvaccinated persons." Any school, company, agency or other entity substantially encouraging or mandating COVID-19 vaccination either knew or should have known that mass vaccination would

not stop the spread of SARS-CoV-2 and would not make the classroom, workplace, or public area more safe from COVID-19.

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CDC: COVID vaccines won't stop transmission; Fully vaccinated can still get, spread Delta strain

Mike Sunnucks Aug 5, 2021 0

Dr. Rochelle Walensky, director of the Centers for Disease Control and Prevention, adjusts her face mask during a Senate Health, Education, Labor and Pensions Committee hearing on the federal coronavirus response on Capitol Hill in Washington, in this Thursday, March 18, 2021.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

The COVID-19 vaccines have never been sufficiently protective against contracting COVID-19. Recurrent SARS-CoV-2 vaccine breakthrough infections were widely reported early in the vaccine campaign. In response to those numerous reports, the CDC announced on May 1, 2021, that community breakthrough cases would no longer be reported to the public and only those vaccine failure cases requiring hospitalization will be reported, presumably on the CDC website.[42] Fully vaccinated patients contract breakthrough infections (except for those vaccinated individuals who were previously immune from prior COVID-19 infection).

By the end of 2021, the CDC reported that the Omicron variant appeared in fully vaccinated persons and was able to spread among those with both natural and vaccine-induced immunity.[43] [44] Analyses from Subramanian, Beattie, and Kampf indicated that mass vaccination

was at best worthless or more concerning, it was making the pandemic worse by fostering more spread of the virus by the vaccinated and promoting new strains of SARS-CoV-2 which were resistant to vaccine immunity.[45] [46] [47] The CDC reported that the COVID-19 vaccines prevented serious illness,[48] but reduced illness and/or symptoms fostered the spread of the virus by the vaccinated who were not showing significant symptoms, were not testing, and were not taking precautions to isolate because those vaccinated persons did not know that they were infected with the virus.

As discussed below, Doylestown Health's reliance on the COVID-19 vaccines without testing unless an infected staff member exhibited significant symptoms likely fostered the spread of the virus and did not create a safe environment.

C. Opinions as Applied to the Specific Facts in this Case

Opinion 1: I believe within a reasonable degree of medical certainty that the COVID-19 vaccine(s) offered at the time of Dr. Auteri's termination in November 2021 are gene therapy (gene transfer technology) products which have the ability to alter an individual's human genome, and Dr. Auteri's expressed religious concern about those vaccines was supported by the data available at that time.

Based upon my review of the above materials, I understand that Dr. Auteri declined COVID-19 vaccination and submitted a request for a religious exemption and accommodation. [3] The basis of Dr. Auteri's religious exemption request was that to Dr. Auteri's understanding, the available Emergency Use Authorized vaccines (Pfizer, Moderna, Janssen) were in essence genetic biotechnology products which have been shown to alter the human genome through reverse transcription.[49] Additionally, the Pfizer and

[3] I understand that Dr. Auteri contracted COVID-19 illness in May, 2021, with confirmatory seropositivity, and also requested a medical exemption. I also understand that a medical exemption request is not at issue in the case at this time so I will not address further the strong, broad immunity from COVID-19 illness and transmission which results from natural COVID-19 infection.

Moderna vaccines have been shown to be contaminated with SV-40 DNA fragments which are known to readily integrate into the human genome without the need for reverse transcription.[50] [51] Dr. Auteri's firmly and sincerely held religious beliefs disallowed injection of genetic product(s) into his body which held the potential to alter Dr. Auteri's genetic profile as designed by God. Dr. Auteri's expressed religious concerns about the potential of the COVID-19 Vaccines to alter Dr. Auteri's genetic profile were well founded based upon the known mechanism of action of those vaccines, which has been shown to alter the human genome through reverse transcription. Those mechanisms of action were known from August through November 2021, the timeframe relevant to Doylestown Health's COVID-19 Vaccine Mandate and Dr. Auteri's termination. Dr. Auteri's sincerely held and expressed religious beliefs were supported by the data known in 2021 and Doylestown Health should not have required any person expressing such a concern to take the COVID-19 Vaccines. Dr. Auteri was unjustly fired when he refused to be injected with COVID-19 "genetic" vaccines.

Opinion 2: I believe within a reasonable degree of medical certainty that Dr. Auteri presented no increased safety risk to Defendant Doylestown Health's patients or staff and that the requested accommodations to undergo weekly testing for COVID-19 infection and to undergo daily health screenings, including daily temperature checks (the "Auteri Accommodations") provided better safety protection to patients and staff than Doylestown Health's reliance upon the COVID-19 vaccines which Doylestown Health knew did not stop COVID-19 transmission.

I believe within a reasonable degree of medical certainty that the Auteri Accommodations presented no undue burden but offered patients "real time" assurances that Dr. Auteri was not infected with the COVID-19 virus, making Dr. Auteri "safer" in caring for vulnerable patients than vaccinated employees and staff who would be expected to carry large viral loads of SARS-CoV-2 in the nasopharynx despite undergoing vaccination at some point which could have been many months in the past from when the COVID-19 vaccine campaign was begun. By contrast, Doylestown Health knew that vaccinated staff members could transmit the COVID-19 virus but was not testing vaccinated staff members

unless those members showed significant symptoms.

The CDC reported that the COVID-19 vaccines reduced symptoms in infected persons, and Doylestown Health's vaccinated staff members likely were spreading the COVID-19 virus to patients and staff because those staff members were infectious and not being tested without self-prompting with significant symptoms. Doylestown Health's reliance on the COVID-19 vaccines to protect patient safety was knowingly deficient, insufficient to address patient safety, and not justified by the data available from the Summer of 2021 through the time of Dr. Auteri's termination in November 2021.

Based upon my review of the above scientific and case-specific materials, I understand that on October 22, 2021, Dr. Auteri offered, as a reasonable accommodation of Dr. Auteri's religious exemption request, to undergo weekly testing for COVID-19 infection and to undergo daily health screenings, including daily temperature checks (the **"Auteri Accommodations"**). Exhibit "6" to the Second Amended Complaint (Second Exemption Request). By October 22, 2021, the CDC had admitted that the COVID-19 Vaccines did not stop transmission of the virus and in an email dated August 15, 2021, the Chief Medical Officer of Doylestown Health admitted the same (Document P-265).

Because COVID-19 vaccination had failed to stop transmission of SARS-CoV-2 as declared by the CDC and supported by multiple studies by August, 2021, and as admitted by Doylestown Health's executive representative Dr. Levy on August 15, 2021, an unvaccinated Dr. Autieri posed no undue or additional risk or harm to himself, hospital staff, or patients greater than that posed by Doylestown Health's vaccinated medical staff. Dr. Auteri was willing to undergo the Auteri Accommodations, but Doylestown Health's administration would not have any discussion about Dr. Auteri's proposed accommodations, refused to offer any alternate accommodation, and did not permit Dr. Auteri to continue his work as a cardiothoracic surgeon. Exhibit "6" to the Second Amended Complaint. Doylestown Health simply concluded that because Dr. Auteri was a

surgeon who treated a "vulnerable population," Dr. Auteri could not be safe in the care of patients. See transcript of deposition of B. Hebel[4], p. 14, l. 13-p. 15, l. 14; p. 17, l. 8-17; p. 27, l. 11-24. Ms. Hebel testified that Doylestown Health had a set of standard "accommodations" which did not take into account the actual health status of any specific care provider and used COVID-19 vaccination status as the arbiter of whether a specific care provider could treat patients at a level of "vulnerability" determined in some undisclosed way by Doylestown Health. See transcript of deposition of B. Hebel, p. 19, l. 12 – p. 20, l. 3; p. 22, l. 6 – p. 23, l. 2; p. 25, l. 20- p. 26, l. 10; see also transcript of J. Brexler,[5] at p. 146, l. 17 – p. 147, l. 14. Ms. Hebel testified that she did not use any data concerning transmission of the COVID-19 virus from any unvaccinated care provider to patients to determine whether or not to deny Dr. Auteri's accommodation request. See transcript of deposition of B. Hebel, p. 34, l. 14 – p. 35, l. 7. As discussed in detail above, Doylestown Health's reliance upon COVID-19 vaccination in the face of the facts known about those vaccines in the August through November 2021 timeframe was wholly deficient, not based in science, and resulted in an unsafe, elevated risk of COVID-19 virus transmission to vulnerable patients.

Multiple representatives of Doylestown Health's executive staff testified that Doylestown Health was NOT testing vaccinated members of the medical staff on a routine basis in that August through November 2021 timeframe in order to determine whether those medical staff members had the COVID-19 virus, despite Doylestown Health's

[4] References are to the transcript of the February 9, 2025 deposition of Barbara Hebel, Vice President, Human Resources.
[5] References are to the transcript of the February 17, 2025 deposition of James Brexler, President and Chief Executive Officer.

knowledge that vaccinated persons could harbor large viral loads in the nasopharynx and transmit SARS-CoV-2. See transcripts of depositions of J. Brexler, p. 135, l. 6-25; p. 136, l. 2-15; S. Levy[6], p. 136, l. 5-15, p. 159, l. 1-5. Ms. Hebel testified that Doylestown Health did not know which staff members were infected with COVID-19 on any given day, and Doylestown Health did not track the transmission of the virus from vaccinated staff members or health system employees to patients. See transcript of deposition of B. Hebel, p. 35, l. 6-13; p. 37, l. 10-17. Ms. Hebel also testified that for the period of August 2021 when Doylestown Health implemented the COVID-19 vaccine mandate through the date of Dr. Auteri's termination on November 18, 2021, Doylestown Health had no data which tracked transmission events nor had any reports of transmission of the COVID-19 virus from any Doylestown Health care provider or employee to a patient, and no evidence that Dr. Auteri transmitted the COVID-19 virus to anyone. See transcript of B. Hebel, p. 40, l. 24, p. 41, l. 11; p. 41, l. 13-20.

Dr. Levy testified that it was "certainly" a "possibility" that, in October 2021, a vaccinated doctor at Doylestown Health had COVID-19 and was treating patients. See transcript of deposition of S. Levy, p. 140, l. 9-13; see also transcript of deposition of J. Brexler, p. 137, l. 6-24. According to Dr. Levy, on any given day, there "absolutely" could be surgeons and doctors treating patients who had COVID-19 at that time. See transcript of deposition of S. Levy, p. 143, l. 10-13; p. 146, l. 7-10. In August through October 2021, Doylestown Health had no data showing that Dr. Auteri could transmit SARS-CoV-2 at a higher rate than a vaccinated provider. See transcript of deposition of S. Levy, p. 152, l. 16-24. Dr. Levy testified that in October 2021, only medical staff members demonstrating

[6] References are to the transcript of the February 13, 2025 deposition of Scott Levy, M.D. Chief Medical Officer.

significant symptoms of illness were being tested for the COVID-19 virus. See transcript of deposition of S. Levy, p. 136 at l. 5-15.

Had Dr. Auteri remained employed under the Auteri Accommodations, Dr. Auteri would have been safer in treating "vulnerable" patients than vaccinated medical staff members who were not working under the more strict Auteri Accommodations. As cited from the deposition testimony above, Doylestown Health was permitting vaccinated medical staff members to treat patients, including "vulnerable" patients, without testing unless those medical staff members were experiencing significant symptoms of illness and requested testing prompted by their symptoms. By early January 2022, approximately 6 weeks after Dr. Auteri's termination, Doylestown Health was permitting COVID-19 infected medical staff members to return to work without testing to determine the then-current presence of persistent SARS-CoV-2 in those staff members and whether those staff members still posed a threat to patients and coworkers. See Documents P-247-248 and P302-303.

As discussed above, COVID-19 vaccinated staff members could transmit the virus and to the extent that the vaccines were reducing symptoms, Doylestown Health's reliance upon the COVID-19 vaccines to determine "patient safety" likely made the spread of the virus worse by allowing continued virus transmission without any actual, "real time" knowledge of which medical staff members were infected and contagious. Under the Auteri Accommodations, Dr. Auteri offered to demonstrate on any given day that Dr. Auteri was not infected with SARS-CoV-2 and was safe to treat patients.

The Auteri Accommodations were not unduly burdensome to Doylestown Health in

terms of cost or administrative process. Had Doylestown Health discussed the Auteri Accommodations with Dr. Auteri, Doylestown Health could have required Dr. Auteri to pay for the testing, mandated more frequent testing, required offsite testing, etc. Doylestown Health admits that Doylestown Health did not discuss the possibility of Auteri Accommodations with Dr. Auteri at all. See transcript of deposition of B. Hebel, p. 43 at l. 2-10. At the time, Doylestown Health had not traced any case of COVID-19 virus transmission to Dr. Auteri. See transcript of deposition of S. Levy, p. 152 at l. 16-24; see also transcript of deposition of J. Brexler, p. 41 at l. 13-20. Doylestown Health did not have any internal data showing that Doylestown Health's unvaccinated medical staff providers were transmitting the COVID-19 virus at a greater rate than vaccinated medical staff providers. See transcripts of depositions of S. Levy, p. 148 at p. 13-21; J. Brexler, p. 37, l. 19 – p. 38, l. 7; B. Hebel, p. 34 at l. 14 – p. 35, l. 7. At the time of Dr. Auteri's termination, Doylestown Health had no evidence that Dr. Auteri posed a safety risk to patients or any greater risk of COVID-19 virus transmission than doctors who had undergone COVID-19 vaccination. The hospital administration's decision to terminate Dr. Auteri was without scientific merit nor grounded in solid public health policy. That decision was arbitrary, capricious, and was not in keeping with the standard of care provided by similar health systems across the country which allowed unvaccinated and vaccinated employees in the workplace. By the time of Dr. Auteri's termination on November 18, 2021, the COVID-19 vaccine campaign had failed and the vaccine status was irrelevant for surgeons such as Dr. Auteri.

III. CONCLUSION

In my expert medical opinion, within a reasonable degree of medical certainty, Dr. Auteri's concern that the COVID-19 vaccines were "genetic vaccines" was well founded in the known science and data at the time. It is also my expert medical opinion, which is within a reasonable degree of medical certainty, that the Auteri Accommodations would not have caused an undue burden on Doylestown Health. Doylestown Health's stated concerns about "patient safety" which resulted in Dr. Auteri's termination were not at all served by Doylestown Health's COVID-19 vaccine Mandate and related procedures. It is my expert medical opinion, which is within a reasonable degree of medical certainty, that Doylestown Health's procedures for allowing vaccinated medical staff members to work with patients without testing to provide "real time" knowledge of COVID-19 infection was not safe for patients and the Auteri Accommodations provided greater protection of patients, and that Doylestown Health knew or should have known that reliance upon COVID-19 vaccination was wholly insufficient to protect the "vulnerable" patient population which Doylestown Health claimed Dr. Auteri was unsafe to treat. Had Doylestown Health wanted to provide the best and most reasonable, efficient, and effective protection for patients from COVID-19, Doylestown Health would have followed the Auteri Accommodations or required more frequent testing. Dr. Auteri should not have received any pressure, coercion, or reprisal for requesting exemption from or declining COVID-19 vaccination.

Dr. Auteri's termination based upon his refusal to get vaccinated because of sincerely held religious beliefs was unlawful.

Dated:

Respectfully submitted,

/s/ Peter A. McCullough, M.D., MPH

Peter A. McCullough

[1] https://thehill.com/opinion/healthcare/512191-the-great-gamble-of-covid-19-vaccine-development/
[2] https://www.c-span.org/person/peter-mccullough-md/128371/
[3] https://www.americaoutloud.news/author/dr-peter-mccullough/
[4] https://petermccullloughmd.substack.com/
[5] https://wellintmed.com/
[6] https://mccullloughfnd.org/
[7] https://www.twc.health/pages/leadership
[8] Peter A. McCullough, MD, MPH, professional website: www.petermccullloughmd.com
[9] https://nbpas.org/pages/verify-certification-result?firstname=peter&lastname=mccullough
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